



AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Vendor Information:

Vendor Name: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: _____

E-Mail Address: _____

Banking Information:

Vendor's Bank Name: _____

ABA Routing #: _____ Account #: _____

Account Type
(please check only one) Checking Savings

Vendor's Authorization:

Please sign below to confirm that you authorize CIESC to deposit payments for your services to the account mentioned above.

Signature

Title

Phone Number

Date